Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/03/2014	Address:	421 N Residence Street
Incident #:	14ISPC000906		Winchester, IN
County:	Randolph		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	or Birch Reaction(s): <u>Basement</u>	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>Basement</u>			
Flammable Solvents: <u>Basement</u>			
Water Reactive Metal (Lithium): <u>Basement</u>			
Anhydrous Ammonia:			
Corrosive Acid: Basement			
Corrosive Base: <u>Basement</u>			
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
\boxtimes Yes $\underline{2}$ (no No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated ler occurring:	tions of home: clean disarray ngth of time manufacturing had been nformation:
This report l	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Health Depar	ent City, Township or County Wincho tment County: Randolph County of Child Services Hotline: dcshotlinere	Fax: Email	
	ormation regarding this methamphetar Officer: Nate Raney Phon	nine laboratory, cont e <u>765-778-2121</u>	act

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.